



Revised
NOTICE
This Notice is to all Grantees

Effective July 1, 1996

A two-year transition period begins now.

* This notice supersedes the audit special conditions contained in existing active award documents and our prior NOTICES on this subject.

Audit Report Submission: When to Submit

- 1) A Grantee whose fiscal year begins before July 1, 1998, must submit an audit report within 13 months after their fiscal year end.
- 2) A Grantee whose fiscal year begins on or after July 1, 1998 must submit an audit report within 9 months after their fiscal year end.¹

Earlier submission is encouraged.

For more information, contact the Department of Justice Response Center @ 1-800-421-6770 to gain access to your financial analyst.

Revision Date 1/15/97

¹ A result of the Single Audit Act Amendments of 1996

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

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Semi-Annual Cash Reconciliation Report
For the Period: 04/01/97 to 09/30/97

OJP Vendor Number: 936002155

Letter Of Credit Number: H-3

ELGIN CITY POLICE DEPARTMENT

PO Box 128
Elgin

OR 97827

Grant		Net Award	Payment Number	Payment Date	Payment Amount
95-CF-WX-1412	Begin Bal	69,701.00			47,661.00
	Qtrly Act		8	970513	6,820.00
	Qtrly Act		1	970911	4,380.00
Total		69,701.00			58,861.00
GRAND TOTAL		69,701.00			58,861.00

This report does not reflect payments prior to 04/01/97 or after 09/30/97.
Please confirm the correctness of our records. If the information
differs from your records, please notify us, in writing, at the
following address:

The Office of Justice Programs. Attn: Cash Reconciliation.
Accounting Division, Fifth Floor
810 Seventh Street, NW
Washington DC 20531

===== Respond ONLY if your records differ from ours =====

*5,361 for period 7/1/97
9/30/97

requested 11/17/97

Paid by wire 11/24/97

(reported paid) —
$$\begin{array}{r} 58,861 \\ + 5,361 \\ \hline \$64,222 \end{array}$$
 thru 9/30/97



U.S. Department of Justice

Office of Justice Programs

Washington, D.C. 20531

Dear Grant Recipient:

The Office of Justice Programs (OJP) has three Financial Status Reporting methods; the SF-269 (blank form), a computer generated form (referred to as the SF-269A turnaround document), and electronic filing through the LOCES system. Regardless of how you file your report it is your responsibility to ensure that reports are received by the due date.

Enclosed is a computer generated turnaround document(s) for each of your grants for the current reporting calendar quarter which covers the period of October 1, 1997 through December 31, 1997. Instructions for completion are enclosed. Please remember that reports are considered delinquent if not received 45 days after the end of each calendar quarter. **Funding requests on grants for which quarterly reports are delinquent will be denied.**

If a turnaround document was not produced for a particular grant and the report is now due, please complete and submit a SF-269 (blank form). If a turnaround document is enclosed on a grant for which you previously filed a SF-269 report, please discard the form.

Mail your completed reports to:
Office of Justice Programs
Att.: Control Desk/Room 5303
810 7th Street, NW
Washington, D.C. 20531

You may fax your reports to either of the following numbers;

~~(202) 616-5962~~
(202) 616-9004

If you fax your reports please exclude any cover sheets and do not follow up with a mailed copy.

If you have any questions on the preparation of the SF-269 report, please call (202) 307-3155.

Sincerely,


William R. Allan, Director
Accounting Division, OC

Enclosure (s)

Financial Status Report

SF-269

This quarterly financial status report is due 45 days after the end of the calendar quarter. Please remember this is a report of the status of your expenditures and is not a request for reimbursement of those expenses. To request such reimbursement you must either make an electronic request on LOCES or file a Form H-3. If you plan on faxing your completed report, please exclude any fax cover sheets. Should you experience a delay in accessing our fax line, please mail the completed report to: Office of Justice Programs, Attn: Control Desk Room 970, 633 Indiana Avenue NW, Washington, DC 20531. Please type or print legibly and do not change any preprinted information. If you have already filed a report for the current calendar reporting quarter, please do not complete and return this report. If you have not forwarded your completed report to us, please use this SF 269A form to file your report.

<u>Item</u>	<u>Entry</u>	<u>Item</u>	<u>Entry</u>
1,2,3	Self-explanatory		
4	Enter the 9 digit recorded on your grant award document.	10	<u>Line D</u> is the total to date of your unpaid obligations. <u>Line E</u> is your share of these unpaid obligations and <u>Line F</u> is the Federal share of unpaid obligations. Please ensure that the total of line E and F is equal to the amount on line D.
5	Identifying number assigned by your organization. If none, leave blank.		<u>Line G</u> is the total Federal share of your cash outlays and unpaid obligations regardless of whether you have received or requested reimbursement. It will be the total of Column 3, Lines C and F.
6	If you have finished expending funds related to this award regardless of whether they have been or will be reimbursed by the Federal Government check "yes". Otherwise check "no".		<u>Line H</u> is the total amount of your award. Change this amount only if you have received a supplemental award which is not reflected in the preprinted total. /
7	Indicate whether your accounting system uses the cash or accrual basis of accounting for recording transactions related to this award.		<u>Line I</u> is the amount of your total award which has not been either expended through a cash outlay, or encumbered by an unpaid obligation. It is the difference between Column 3, Lines H minus G.
8	Enter the begin and end dates of the award period.		
9	Enter the begin and end dates for the current reporting calendar quarter.		
10	<u>Lines A, B and C</u> refer to your cash outlays for this award (i.e. monies you have spent). <u>Column I</u> is for the cumulative total of expenditures for the prior reported calendar quarter. If you wish to correct previously reported quarterly totals, enter the corrected amounts in this column. <u>Column II</u> is for the current reporting calendar quarter outlays. <u>Column III</u> is for the result when adding across the amounts reported in Columns I and II. Please ensure that the total of lines B and C equal the amount reported on line A for each of the columns.	11	Please refer to your award documents to complete this section. <u>Line 11 A</u> is self-explanatory. <u>Line 11 B</u> is the indirect cost rate in effect during this current reporting period. <u>Line 11 C</u> is the amount of the base against which the cost rate is applied. <u>Line 11 D</u> is the total amount of indirect costs charged during this current reporting period. <u>Line 11 E</u> is the Federal Government share of the amount reported on line 11 D. Note: If more than one rate was in effect during this report period, attach a schedule showing all applicable rates and amounts for line 11 B through E.
	<u>Lines D, E and F</u> should only be completed if you indicated in Item 7 that you are on the accrual basis of accounting. Lines D, E and F refer to the amount of unpaid obligations or accounts payable you have incurred. Items such as payroll (which has been earned but not yet paid) is an example of an accrued expense.	12	Only applies to OJP grantees. Please refer to your award/budget documents to determine what should be reported.
		13	Self-explanatory

**REQUEST FOR PAYMENT** Revised H-3**Office of Community Oriented Policing Services (COPS)**

COPS Control Desk
633 Indiana Avenue, NW 3rd Floor
Washington, DC 20531

(1) Grantee: Elgin City Police Department
P.O. Box 128
Elgin, OR 97827

(2) Grant #: 95CFWX1412 (3) Ven #: 936002155 ORI #: OR03102

(4) Request #:

(5) Direct Deposit: Will you receive this payment
through direct deposit?

Yes

No

(6) Type of Request:

Advance

Reimbursement

(7) Type of Payment:

Partial

Full

(8) To date, what is the amount of Federal
money for which you have submitted requests?

\$

(9) How much Federal money have you spent to date ?

\$

(10) How much local money have you spent to date ?

\$

(11) Period covered by this request: From / /

to / /

(12) If this is an *advance*, how much local money will you
spend during the period outlined in (11)?

\$

(13) If this is an *advance*, how much Federal money do you
request for the period outlined in (11)?

\$

(14) If this is a *reimbursement*, how much Federal money
do you now request for the period outlined in (11)?

\$

(15) Certification

I certify to the best of my knowledge and belief that this request is correct and complete and that Federal moneys spent and to be spent are for the purposes set forth in the COPS grant award documents.

Name and Title (type or print)

Telephone number

Signature

Date submitted

APPROVAL

Financial Analyst, Office of the Comptroller

Date Approved

COPS 006



U.S. Department of Justice

Office of Justice Programs

Washington, D.C. 20531

DATE: April 24, 1995 Grant Award # 95-CF-WX-1412

TO: Susan Williams, Grant Monitor, COPS Office

FROM: *Susan Williams*
Tamara Bowman, Financial Analyst, COPS Branch,
Office of the Comptroller

SUBJECT: Financial Clearance: Application # 5-4988-OR-CF, for the
Elgin City Police Department.

A financial analysis of budgeted costs has been completed. Costs appear reasonable, allowable and consistent with existing guidelines.

APPROVED BUDGET

Year 1 - Per Officer

Total Project Costs

Annual Salary: \$ 18,348
Fringe Benefits \$ 10,193
FICA: \$ 1,404
Health Insurance: \$ 5,952
Life Insurance: \$ 8
Retirement: \$ 1,101
Workmen's Comp.: \$ 811
Unemployment Ins.: \$ 917

Salaries & Fringe Bene.: \$ 92,935
Federal share: \$ 69,701
Applicant Share: \$ 23,234

Officer(s) to be hired: 1.00

Entry Level: 1

Total Salary & Benefits: \$ 28,541

Items Disallowed/Deleted: NONE

Note: Local share appears to increase throughout the project.

/D C



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